

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION

10/590099

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2					1		52						
3							53						
4					1		54						
5							55						
6					1		56						
7							57						
8					1		58						
9							59						
10					1		60						
11							61						
12					1		62						
13							63						
14					1		64						
15							65						
16					1		66						
17							67						
18					1		68						
19							69						
20					1		70						
21							71						
22					1		72						
23							73						
24					1		74						
25							75						
26					1		76						
27							77						
28					1		78						
29							79						
30					1		80						
31							81						
32					1		82						
33							83						
34					1		84						
35							85						
36					1		86						
37							87						
38					1		88						
39							89						
40					1		90						
41							91						
42					1		92						
43							93						
44					1		94						
45							95						
46					1		96						
47							97						
48					1		98						
49							99						
50					1		100						
TOTAL IND.			6		↓								
TOTAL DEP.			17		←	←							
TOTAL CLAIMS			23										